

70

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

Shadney Hamer

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

v.

Robert Ortega, RN Markey

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case:2:23-cv-11121

Judge: Michelson, Laurie J.

MJ: Stafford, Elizabeth A.

Filed: 05-12-2023 At 09:36 AM

PRIS HAMER V ORTEGA, ET AL (LG)

(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

**Complaint for Violation of Civil Rights
(Prisoner Complaint)**

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Shadney Hamer

All other names by which you have been known:

ID Number

787762

Current Institution

(SMT) Parnall

Address

1780 E. Parnall Rd.Jackson MI 49201**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Robert OrtegaJob or Title
(if known)Food Director / Supervisor

Shield Number

Employer

MDOC

Address

3225 John Conley Dr.Lapeer MI 48446☒ Individual capacity☐ Official capacity

Defendant No. 2

Name

RN Morkey

Job or Title
(if known)

Shield Number

Employer

MDOC

Address

3225 John Curley Dr.

Lapeer MI 48446

☒ Individual capacity☐ Official capacity

Defendant No. 3

Name

Job or Title
(if known)

Shield Number

Employer

Address

☐ Individual capacity☐ Official capacity

Defendant No. 4

Name

Job or Title
(if known)

Shield Number

Employer

Address

☐ Individual capacity☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

1st Amend. Retaliation

8th Amend. Deprivation of Food

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

See Attached

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

See Attached

- C. What date and approximate time did the events giving rise to your claim(s) occur?

Jan 2023 - March 2023

- D. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

See Attached

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

See Attached

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See Attached

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

TCF Thumb Correctional Facility,
Lapeer MI 48446

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

Both 1st, 8th

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

At Thumb Correctional Facility

2. What did you claim in your grievance?

That my food had been tampered with before and I put in grievances and since then Robert Ortega has insisted in asserting that I am not allergic to anything. Refusing to send me meals-in.

3. What was the result, if any?

Rejected As Untimely.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

Grievance Process Complete
Step 3

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Each grievance was rejected as untimely due to me transferring to a different facility. (TCF) - (SMT)
I would receive a grievance appeal and send it in the very next day via expedited legal mail. MDOC P.D. 03.02.180 (J)(5)
Then receive a untimely rejection. See Attached.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☒ Yes

☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) Shadney Hamer

Defendant(s) Debra Allen

2. Court (if federal court, name the district; if state court, name the county and State)

3. Docket or index number

4:22-cv-11317-SDK-DRG

4. Name of Judge assigned to your case

Hon. Shalini D. Kumar

5. Approximate date of filing lawsuit

7/13/2022

6. Is the case still pending?

☒ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

In Mediation

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____, 20____.

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

City

State

Zip Code

Additional Information:

See Attached

United States District Court Eastern Michigan

Shadney Horner
787762

v.

Robert Ortega, RN Markay

Case #

Judge #

Magistrate #

Shadney Horner

787762

In Pro Se

Parnell Correctional Facility

1780 E. Grand Rd.,

Tackson MI 49201


Declaration In Support Of Motion

For The Appointment Of Counsel

1. I am the defendant in the above-entitled case. I am a
person of limited means and am unable to afford the appointment of counsel.
2. The defendant in the above-captioned case is a Black male subject to
inmate-on-inmate assault stemming from the fact that he is a Black male.
He has been injured on multiple occasions and is in need of medical attention
inmate-on due to his injuries. [Medical detail written by
not treating P.A. Terri Massey.] The defendant also was subsequently
beaten and taken to Markay.

3. This is a complex case because it contains several different legal claims, with each claim involving a different set of defendants.
4. The plaintiff submitted his document along with his card on a week before his lawsuit was returned to prison. The plaintiff's date to go home is 5/17/23. The plaintiff has received 3 grievances for 3 out of 4 grievances. TCF 2301-33-09E was submitted to hearing on 3/28 and will have no review or reply. The intention is to raise failure to review due to the plaintiff not receiving the 3 grievances. But the plaintiff could exercise grievances outside of prison.
5. The plaintiff has demanded a jury trial.
6. The plaintiff requests to be placed Earl Marshall Prison.
7. The plaintiff is so high about education that the law demands a Special Ed and tech ed alternative school.
8. The plaintiff is seeking discovery of documents from the Plaintiff's logbook and deposition of a number of witnesses some being C.O.'s and some being inmates.

Wherefore the plaintiff's motion for appointment of counsel should be granted. Pursuant to 28 U.S.C. 1746 I declare under penalty of perjury that the foregoing is true and correct.


Shadney Kramer
5/17/23

United States District Court Eastern District
of Michigan

Shadron Hamner
787762

Plaintiff

Case # —

v.

Judge # —

Robert Ortega, RMI Attorney

Mag # —

Defendant

Shadron Hamner

In Pro Se

East of Correctional Facility

1780 E. Michigan Ave.

Jackson, MI 49201

Request For Prisoner Early Release Program

The Plaintiff here, request a Court order for Early
Release Program.

Statement Of Facts

The Plaintiff is now currently housed at Parnall Correctional Facility in Jackson, at the time of the events being litigated the plaintiff was housed at Thoms Correctional Facility in Lapeer, MI. The plaintiff rode in from BGC - C-unit medical facility to Thoms Correctional Facility, hereinafter, called "TCF", to participate in their new medical facility.

1. The plaintiff has a severe disorder called Anaphylaxis. He is highly allergic to vinegar also known as "Acetic Acid." The plaintiff has an uncommon disorder that is also idiopathic, meaning no blood or prick test can be done for results. The plaintiff can and will have an allergic reaction whether low, moderate, or severe from either smelling, touching, or digesting items he's allergic too. These attacks include severe hives, edema, (swelling of the face), swelling of the tongue, and throat causing a blockage to his airways which can be fatal. Ex. 1
2. At all relevant times "TCF" medical staff and Corrections staff knew of the plaintiff's medical condition.
3. The plaintiff transferred to "TCF" in May of 2022. The plaintiff detail was switched over to "TCF"

was deprived of more than 27 meals in a month's time lunch and dinner would not be sent to the plaintiff at all. The plaintiff was told to follow chain of command first, starting with (ARJUS/PC Hairston) which is more or less a counselor or prisoner Administrator.

8. P.C. Hairston came across to Mr. Hamer counseling him that Robert Ortega had put a stop to the plaintiff's medication. The plaintiff stated to P.C. Hairston, he came up first because I have a medical detail. P.C. Hairston relayed this information to Robert Ortega with a detail that was received in January, Ex. 4.

9. The plaintiff wrote a grievance on Robert Ortega after finding out that Mr. Ortega sent a message to Kristen Jones / Dietician. In this correspondence Kristen Jones told Mr. Ortega that she does not believe that Mr. Hamer is allergic to vinegar. Ex. Email sent from Robert Ortega to Kristen Jones on January 30, 2022 at 12:32.

The plaintiff would like to point out that Kristen Jones has never seen or talk to Mr. Hamer. She also does not know about Mr. Hamer being idiopathic. As well as Kristen Jones asking out of

tray for Mr. Warner and was denied. C/O Keller called Sgt. Klare and spoke to ARUS Hairston and stated to the plaintiff that he would be the witness in Mr. Warner's grievance. Ex.7

14. On 2/8/22 at 11:47 on camera TCF 2620 the plaintiff received a jar-cell from RN Markey and C.O. Brown. At that time RN Markey then stated "Show me this up-to-date detail on Massey's case." The plaintiff showed her. RN Markey then stated "I don't know why one [Medical Provider Nurse Practitioner Massey] where this decision all your tests came back negative" was taking. The plaintiff then told RN Markey that he was idiosyncratic, [which she did not know what a word was, the plaintiff explained]. She then stated "Whatever," I don't care about this detail and I don't care if you don't get your better bonus case moved from somewhere. The plaintiff then looked at C.O. Brown whom the plaintiff has much respect and admiration for due to C.O. Brown treating inmates like human beings that made mistakes, instead of monsters or inmates that deserved to be locked in cages. The plaintiff said "so she's dumping me a meat."

RN Markey then stated in front of C.O. Brown, "I don't know anything about this detail Massey

inmate Hanner know that whatever Hanner did to "piss" Ortega off, Ortega now after him. Ex 9

* Argument *

Retaliation - Ortega

1. Protected Conduct - The plaintiff wrote several grievances on food service and was indeed in protected conduct. See Ex. 3, 5
2. Adverse Action - Prior to the first grievance on food service, January 8, 2023 the plaintiff had never had a problem with food service and deprivation if there was a problem with the plaintiff's meal, one call from a Corrections Officer and the problem would be resolved. When the plaintiff first submitted that first grievance, beforehand had never had a problem with food service and that first grievance the deprivation and food games started on Ortega being the sole decision-maker illegally deprived the plaintiff of a human most basic need, Food! This led to a plethora of ailments due to poor nutrition.
3. Motivation - The motivation is satisfied if the plaintiff can show that he engaged in protected conduct and can lay out a timeline of the events, adverse actions while engaged in protected conduct.

denies officers being the Attorney General's office.

- Defense Testimony -

* Robert Ortega *

1. Objective - Food is one of the basic necessities of life protected by the 9th Amendment.

2. Subjective Complaint

(1) Personal Facts - On 12/23 the witness stated that the "The kitchen then was contacted Food leader 'Hein' told C.W. that she would not replace the meals. Then replaced it with 3PD sup which again = an allergic reaction. Please over-eggs I feel I am being targeted.

Being the witness noted that the Kitchen at all times dealing with food or food service would go through the veterinarian Robert Ortega.

(2) Drawing Inference - The Kitchen did in fact know of the plaintiff's allergies. The Kitchen at all times was supplied with a diet or accommodations. As well as a diet. Robert Ortega was told that a food by Sgt. LHS, #2410 Harston and Corrections Officers Lamb/McGatigan/Demers/Albin/Lang/Keller etc. The date was - Robert Ortega was also

that the police custody was arbitrary (unlawful).

* RN Markay *

1. Objective Component

As stated above in Robert's alleged objective component, food is one of the basic necessities of life protected by the Fifth Amendment.

2. Subjective Component

- (1) Perceived Facts - Interviewer about the plaintiff not getting his meals and inquires about his medical status. Bought RN Markay to the plaintiff's cell door. The defendant R/B Markay knew of Mr. Thomas' medical condition seeing as he was the only inmate who used an Epi-pen frequently and all medical staff would have known the Epi-pen was located. R/B Markay had indeed given the plaintiff his epi-pen before during an attack.
- (2) Drawing Inference - R/B Markay knew the plaintiff's medical condition as well as knew of the situation that Robert Orange subjected the plaintiff to. The plaintiff again showed R/B Markay his new detail verifying that my detail was up-to-date.
- (3) Disregard R/B - The defendant R/B Markay "however, I don't care about his detail and I don't care if you don't eat you better learn some manners from somebody. The

attempted to communicate with numerous staff and some
events were recorded in the Staffs Logbook and some

were recorded on the TCF camera. The plaintiff also
ask for punitive damages as well.

TCF 2302-121-291 Camera

TCF 2302 14-173 Logbook

1. C/O Leland

2. C/O Leland

3. C/O Leland

4. C/O Leland

5. C/O Leland

6. ARDS Houston

7. Liles to HMM Lode

8. Sgt. Leland

9. 2H Adameck

10. C/O Brown

11. RN Leland

12. C/O McSaffigan

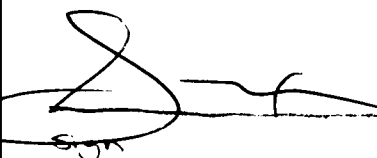
Here some of the staff that the plaintiff can and will call
to testify about the plaintiff's deposition.

Under 28 U.S.C. 1746 under penalty of perjury I do hereby certify, verify, declare that all is true and correct to the best of the plaintiff's knowledge.

SHILOH SIGMANN LYONS
NOTARY PUBLIC, STATE OF MI
COUNTY OF LENAWEE
MY COMMISSION EXPIRES Jul 28, 2025
ACTING IN COUNTY OF Jackson

Notary

Shadrey Homer
787762

 4/19/23
sign date

1780 E. Dorrill Rd.
Jackson MI 49201

Exhibits

1. Medical Detail 8/30/21
2. Medical Detail 10/6/2022
3. Grievance TCF 2301-33-095
1/8/23
4. Medical Detail 1/12/2023
5. Grievance TCF 2302-119-123
2/5/23
6. Medical Detail 2/6/23
7. Grievance TCF 2302-120-285
2/8/23
8. Grievance TCF 2302-121-28A
2/8/23
9. Affidavit by Mr. Crossley

Michigan Department of Corrections

Medical Detail Special Accommodations

Off #: 0787762

Offender Name: Hamer, Shadney Deperryon

☐ No Work

Exp. Date: _____

☐ Lay In

Exp. Date: _____

Restriction**Expiration Date**

Bottom Bunk

Ground Floor Room-No Stair Steps

☒ No Restrictions

Comments: Hx of severe allergic reactions with anaphylaxis. Requires epi pen, multiple doses at time.

When inmate reports having allergic reaction he MUST be taken to ER immediately— he has a 15 minute window from start of symptoms to receive emergency medical treatment to prevent death.

08/30/2021

Date

Offender Name: Hamer, Shadney Deperryon Off #: 0787762 Lock: 2 S Of:229L:Bot:02

ALL EXPIRATION DATES ARE AT 24:00

Michigan Department of Corrections
Medical Detail Special Accommodations

Off #: 0787762

Offender Name: Hamer, Shadney Deperryon

☐ No Work

Exp. Date: _____

☐ Lay In

Exp. Date: _____

Housing Restriction:**Restriction****Expiration Date**

Bottom Bunk

Physical Limitation/Restriction**Restriction****Expiration Date**

Food Allergy (Seg Unit)

No Chemical Agents

No Yard Crew

No Kitchen Work

May have the following equipment in his / her possession:**Equipment****Start Date****End Date****Return Date**

Non Wool Blanket

11/12/2021

Comments: Meals In dx-food allergy10/06/2022

Date

Offender Name: Hamer, Shadney Deperryon

Off #:

0787762

Lock:

FB:092:Bot:B**ALL EXPIRATION DATES ARE AT 24:00**

**MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM**

4835-4247 10/94
CSJ-247A

Date Received at Step I JAN 12 2023 Grievance Identifier: TCF1231011-331-1091E

Be brief and concise. This is a grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

| Name (print first, last) | Number | Institution | Lock Number | Date of Incident | Today's Date |
|--------------------------|--------|-------------|-------------|------------------|--------------|
| Shadney Hamer | 787767 | TCF | FB-92 | 1/8/23 | 1/8/23 |

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 1/8/23
If none, explain why. Spoke w/ C.O. Lamb, and C.O. Demers. C.O. Demers called the kitchen and spoke to Sgt. Lang.

- State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.
- Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Ex. 1 pg. 45 of Franklin B logbook - On 1/8/23 Hamer was given a hamburger patty that was bumpy with. Hamer reported it to his C.O.'s in which they wrote what they saw in the logbook. The kitchen then was contacted Food leader Mabry told the C.O.'s that she would not replace the meat. Then replaced it with BBQ Soy which again I am allergic to. Please investigate I feel I am being targeted for ~~reason~~. Ex 2.

Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

| | | | |
|---|--|-------------------------|---------------|
| Respondent's Signature | Date | Reviewer's Signature | Date |
| Respondent's Name (Print) | Working Title | Reviewer's Name (Print) | Working Title |
| Date Returned to Grievant: <u>2-23-23</u> | If resolved at Step I, Grievant sign here. Resolution must be described above. | | |
| | Grievant's Signature | | Date |

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

Michigan Department of Corrections

Medical Detail Special Accommodations

FB92

Off #: 0787762

Offender Name: Hamer, Shadney Deperryon

☐ No Work

Exp. Date: _____

☐ Lay In

Exp. Date: _____

Housing Restriction:☒ No Restrictions**Physical Limitation/Restriction:****Restriction****Expiration Date**

Food Allergy (Seg Unit)

No Chemical Agents

No Yard Crew

No Kitchen Work

May have the following equipment in his / her possession:**Equipment****Start Date****End Date****Return Date**

Non Wool Blanket

11/12/2021

Comments: Meals In dx-food allergy01/12/2023

Date

Offender Name: Hamer, Shadney DeperryonOff #: 0787762

Lock: _____

FB:092:Bot:B**ALL EXPIRATION DATES ARE AT 24:00**

Submitted on 2/7/23 at 12:12

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94

CSJ-247A

RECEIVED

Date Received at Step I

FEB 09 2023

Grievance Identifier:

TCF 2302-119-1713

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PRISONER/PAROLEE GRIEVANCE OFFICE 2.130 available in the prison Law Library.

| Name (print first, last) | Number | Institution | Lock Number | Date of Incident | Today's Date |
|--------------------------|--------|-------------|-------------|------------------|--------------|
| Shadrey Hamer | 787762 | TCF | FB-92 | 2-5-23 | 2-6-23 |

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 2-5-23

If none, explain why. Spoke with C.O. Lamb who recorded the events in F-B

logbook on pg. 99, 2-5-23. Spoke with Sgt. Layne and RN Arlameck

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. I wrote a grievance on

Food services for tampering with my meal in January. Robert Ortega the TCF Food supervisor retaliated against me by sending meals to me that I cannot consume due to being severely allergic to vinegar. On January 30, 2023 Robert Ortega emailed Kristen Jones at 12:32 an LRF dictation inquiring about my medical situation and Kristen Jones told him that I'm not allergic to vinegar (which is out of the scope of her job). And Robert Ortega took that as a green light to do as he pleases. Food Stewart Jones also told Ortega do not mess with Hamer and he did it anyway. Violating my 8th & 1st Amendment.

Grievant's Signature

RESPONSE (Grievant Interviewed?)

☐ Yes ☐ No

If No, give explanation. If resolved, explain resolution.)

Respondent's Signature

Date

Reviewer's Signature

Date

Respondent's Name (Print)

Working Title

Reviewer's Name (Print)

Working Title

Date Returned to
Grievant:If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

Michigan Department of Corrections

Medical Detail Special Accommodations

Off #: 0787762

Offender Name: Hamer, Shadney Deperryon

☐ No Work

Exp. Date: _____

☐ Lay In

Exp. Date: _____

Housing Restriction:☒ No Restrictions**Physical Limitation/Restriction****Restriction****Expiration Date**

No Chemical Agents

No Yard Crew

No Kitchen Work

Food Allergy (Seg Unit)

May have the following equipment in his / her possession**Equipment****Start Date****End Date****Return Date**

Non Wool Blanket

11/12/2021

Comments: Meals in-Food allergy (vinegar and beans)

02/06/2023

Date

Offender Name: Hamer, Shadney Deperryon

Off #

0787762

Lock:

FB:092:Bot B

ALL EXPIRATION DATES ARE AT 24:00

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

Date Received at Step I FEB 09 2023

Grievance Identifier: TCF2302-120-28A

| Name (print first, last) | Number | Institution | Lock Number | Date of Incident | Today's Date |
|--------------------------|---------------|-------------|--------------|------------------|---------------|
| <u>Shadney Homer</u> | <u>787762</u> | <u>TCF</u> | <u>FB-92</u> | <u>2/8/23</u> | <u>2/8/23</u> |

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 2/8/23

If none, explain why. C/O Keller said he'd be a witness stating food service will not feed me. C/O Keller called Sgt. Klubka he called healthcare. Spoke w/ ARUS Hairston.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

On 2/8/23 I was denied a special accommodation tray by food service. C/O Keller stated to food service that Homer has a detail and that the detail is new with no expiration date. Food service still rejected C/O Keller's statement and did not feed Mr. Homer at all. This has been an on going problem for two weeks. Please investigate. This is a clear violation of my constitutional rights. For my resolution I ask that the food service person + those involved be fired.

Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature

Date

Reviewer's Signature

Date

Respondent's Name (Print)

Working Title

Reviewer's Name (Print)

Working Title

Date Returned to
Grievant:

If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94
CSJ-247A

RECEIVED

Date Received at Step I FEB 09 2023 Grievance Identifier: TR 1231024-1211-121A

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

| Name (print first, last) | Number | Institution | Lock Number | Date of Incident | Today's Date |
|--------------------------|---------------|-------------|--------------|------------------|---------------|
| <u>Shirley Hester</u> | <u>787722</u> | <u>ISE</u> | <u>10-92</u> | <u>2/8/23</u> | <u>2-9-23</u> |

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 2/8/23

If none, explain why.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature

Date

Reviewer's Signature

Date

Respondent's Name (Print)

Working Title

Reviewer's Name (Print)

Working Title

Date Returned to
Grievant:

If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

AFFIDAVIT BY CROSSLEY #233859

A. PURSUANT TO U.S.C. ~~1001~~ 1746 UNDER THE PENALTY OF PERJURY I DECLARE, VERIFY, AND CERTIFY THAT ALL IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT:
(1) is not being presented for an improper purpose, such as to harass, and/or cause unnecessary delay;

B. AT OR AROUND THE BEGINNING OF FEBRUARY OF 2023 I PRISONER CROSSLEY #233859 WAS A FORMER EMPLOYEE OF THE THUMB CORRECTIONS FACILITY FOOD SERVICE STAFF. FOOD ~~SUPERVISOR~~ SUPERVISOR BARNES TOLD ME THAT ORTEGA WHO IS THE FOOD DIRECTOR AT THUMB CORRECTIONS FACILITY WAS TRYING TO STOP MR. HAMER FROM RECEIVING MEALS-IN BECAUSE HE BELIEVES MR. HAMER ISNT ACTUALLY ALLERGIC TO VINEGAR(as Hamer's detail and accomadation states). BARNES ALSO STATED THAT ORTEGA HAD THE LAST SAY SO IN THE FACILITY'S KITCHEN AND COULD NOT STEP IN BETWEEN ORTEGA AND HAMER. ORTEGA SPECIFICALLY TOLD ME THAT HED SPOKEN TO A DIETICIAN AND THAT THE DIETICIAN TOLD HIM THAT MR. HAMER HAD RECIEVED SEVERAL TESTS AND THAT THEY WERE ALL NEGATIVE. HE FURTHER STATED THAT NO SPECIALTY SUBSTITUTION MEALS WOULD BE SENT TO MR. HAMER AND THAT MR. HAMER WOULD HAVE TO COME TO THE CHOW HALL FROM NOW ON.

C. I BEING THE NEXT DOOR NEIGHBOR TO MR. HAMER KNOW FOR CERTAIN MR. HAMER HAVE NOT RECEIVED ANY TEST THAT COULD PROVE HE IS NOT ALLERGIC TO VINEGAR.

D. MR.HAMER HAS A SPECIAL ALLEGEN TO VINEGAR THAT CAN NOT BE TESTED CALLED IDIOPATHIC ~~ANAPHYLAXIS~~ ANAPHYLAXIS WITH BLOOD TESTS.

E. I AM VERY FAMILIAR WITH MR. HAMERS ALLERGES TO VINEGAR BEING THAT IM HIS NEIGHBOR AND THAT WHEN I WORKED IN THE KITCHEN I WAS ONE OF THE FEW WHO WOULD MAKE SURE MR. HAMER TRAY WAS RIGHT ACCORDING TO HIS DETAIL.

E. I SPOKE UP FOR MR. HAMER TO ORTEGA STATING THAT WHOMEVER TOLD HIM HIS FACTS WERE WRONG. MR. ORTEGA THEN VERBALLY THREATENED TO FIRE ME " STATING, YOU MUST'NT LIKE YOUR JOB". HIS THREAT CAUSED ME TO LEAVE THE SITUATION ALONE.

Mistakes on 1, 8. 23 Crossley
signature

Crossley 2.14.2023
print and date

Crossley 2.14.2023
signature and date

London 2/14/23
witness sign an
date

Policy Directive

03.02.30 (5)(5)

1. The grievance is filed in an untimely manner.
The grievance shall not be rejected if there is
a valid reason for the delay; e.g. transfer.

Case Law

According to prisoners' rights law, 4th Edition by David E. Mustie states: (Mustie, 4th ed.)

"Further, courts still seem uncomfortable getting off the hook just by claiming that they thought or were taking or going. The Court or jury can reject that claim if there is other evidence that they knew you were all or at risk."

1. 221, Fed Appx. 404 (3d Cir. 2007) (unpublished) Walker v. Benjamin, 292 F.3d 1030, 1034-40 (7th Cir. 2002) (claims that doctor and nurse withheld prescribed pain medication because they thought the prisoner was not going to be going to court or would not ask a jury question of deliberate indifference.)
2. Hamilton v. Felt, 981 F.2d 1013, 1014-51 (9th Cir. 1992) Courts have also held that when a prisoner's treating physician recommended a course of action and at least one other level medical administrator ignored the recommendation, the result is not a mere disagreement over medical treatment but can be deliberate indifference.
3. Lopez v. Smith, 203 F.3d 1122, 1132 (9th Cir. 2002) (en banc) (failure to provide prescribed liquid diet for prisoner with diabetes, even in substitution of a purchased diet that could not be obtained through a store stand a violation of interference with prescribed treatment.)

1.A. TCF-2301-09E written on 1/8/23, submitted on 1/9/23, at 6:10, TCF2622 camera.

1.B. Memorandum - step 1 grievance received

1.C. Memorandum - step 1 extension - grievance will be returned by 2/27/23.

1.d. Step 1 grievance response - received 2/23/23. Extension granted end date 2/24/23.

1.e. plaintiff expedited legal mail request for step 1 appeal on 3/2/23 date sent out by mailroom 3/3/23.

1.f. Grievance Appeal form received on 3/13/23 sent back on 3/14/23 expired appeal date on 3/9/23. (Notice at top).

1.G. Plaintiff expedited Legal Mail sent in grievance on 3/14/23 at 11:50 sent out by mailroom on 3/15/23.

1.H. Memo. - untimely stated request was returned to me on 3/7/23 and was due in this office by 3/9/23. Automatic untimely rejection.

1.I. Step 2 appeal sent to Lansing on 3/28/23 sent out by mailroom on 3/29/23.

2A. TCF-2302-121-28A written on 2/8/23 received by grievance office 2/9/23. ADW dated on 2/10/23.

2B. Step 1 appeal sent back on 3/8/23, signed by P.C. on 3/9/23 sent in mail by mailroom 3/10/23.

2C. Memorandum rejection step 2 due on 3/2/23 received on 3/15/23.

2.D. step 3 sent to Lansing 3/23/23 at 10:29 sent out by mailroom on 3/24/23.

3A. TCF-2302-119-17B written on 2/6/23 submitted on 2/7/23 at 12:12 on TCF2622 camera. Received date 2/9/23

3B. step 1 grievance response - received in grievance office 2/17/23.

3C. step 1 appeal request expedited legal mail 2/23/23 date sent out by mailroom 2/27/23.

**MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM**

4835-4247 10/94
CSI-247A

Date Received at Step I JAN 12 2023 Grievance Identifier: TCF231211-1-331-09E

Be brief and concise. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

| Name (print first, last) | Number | Institution | Lock Number | Date of Incident | Today's Date |
|--------------------------|--------|-------------|-------------|------------------|--------------|
| Shadney Homer | 787767 | TCF | FB-92 | 1/8/23 | 1/8/23 |

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 1/8/23
If none, explain why. Spoke w/ C.O. Lamb, and C.O. Demers. C.O. Demers called the kitchen and spoke to Sgt. Lang.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.
Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Ex. 1 pg. 45 of Franklin B logbook - On 1/8/23 Homer was given a hamburger patty that was tampered with. Homer reported it to his C.O.'s in which they wrote what they saw in the logbook. The kitchen then was contacted. Food leader Mabry told the C.O.'s that she would not replace the meat. Then replaced it with BBQ Soy which again I am allergic to. Please investigate I feel I am being targeted for

Grievant's Signature

RESPONSE (Grievant Interviewed?) ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature _____ Date _____ Reviewer's Signature _____ Date _____

Respondent's Name (Print) _____ Working Title _____ Reviewer's Name (Print) _____ Working Title _____

Date Returned to Grievant: 2-23-23 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature _____ Date _____

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

Michigan Department of Corrections

"COMMITTED TO PROTECT, DEDICATED TO SUCCESS"

Memorandum

Date: January 12, 2023
To: As Assigned / S Zubek
From: R. Buhl, Grievance Coordinator Thumb Correctional Facility
Subject: Attached Grievance Filed by Prisoner: #787762 Hamer **Lock:** FB-92

Grievance Identifier: TCF 23-01-033-09-E
Per revised PD-03.02.130

After reviewing the attached Step I grievance, I have decided that you are the most appropriate staff member to investigate the issue.

The completed grievance should be returned to this office by ^{2/24/23}~~2/2/2023~~. If you are going to require additional time beyond the due date to complete this investigation and response, you must request an extension. That request can be made via e-mail to the Grievance Coordinator. Thank you in advance for your timely response.

MICHIGAN DEPARTMENT OF CORRECTIONS

"COMMITTED TO PROTECT, DEDICATED TO SUCCESS"

MEMORANDUM

Date: February 1, 2023
To: #787762 Hamer **Lock:** FB-92
From: R Buhl, Grievance Coordinator
Thumb Correctional Facility (TCF)
Subject: Grievance Investigation Extension
RE: Step I Grievance #TCF-23-01-33-09-E

In accordance with P.D. 03.02.130, Prisoner/Parolee Grievances, effective 4/28/03, Page 4, Section T, it is the responsibility of the grievance coordinator to grant to grievance respondents an extension of time-limits when responding to prisoner grievances. Such extensions shall not exceed 15 business days.

This is to notify you that an extension has been granted, giving the respondent of your grievance more time to investigate the above referenced grievance. This grievance, due on 2/3/2023, will be returned to you no later than 2/27/2023.

If you have any questions, please feel free to contact me.

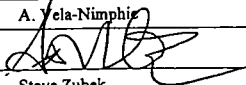
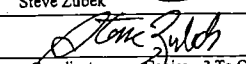
cc: file

MICHIGAN DEPARTMENT OF
CORRECTIONS

CSJ-247S 3/18/2019

STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

| | | | |
|---|---|---|---|
| Prisoner Last Name: Hamer | Prisoner #: 787762 | Lock/Location: / | Grievance #: TCF-23-01-03-3-09- E |
| Prisoner Interviewed: | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | If "NO", Reason: Prisoner at another Facility | |
| Extension Granted: | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | If "YES", Enter End Date: 02/24/23 | |
| COMPLAINT SUMMARY: Grievant states that on 01/08/23 he was given a hamburger patty that was tampered with. The grievant states that the officer notified the kitchen and cook 7 Mabry stated that they would replace the meal. The grievant stated, he received a BBQ soy patty. | | | |
| INVESTIGATION SUMMARY: Interviewed Franklin officers, Sergeant Layne, and cook 7 Mabry. they stated that Franklin Sgt Lang notified the kitchen to let them know about the tainted burger. Cook 7 Mabry sent over a new tray. Sergeant Layne did not hear any complaints after the new tray was sent over. Reviewed Franklin logbook. | | | |
| APPLICABLE POLICY, PROCEDURE, ETC.: Policy 04.07.100 Offender Meals; Meal Distribution | | | |
| DECISION SUMMARY: The grievant was not interviewed. Grievant was transferred on 02/16/2023 to SMT. This grievance is denied at step one. | | | |
| RECEIVED FEB 23 2023 GRIEVANCE OFFICE | | | |
| RESPONDENT NAME: | A. Yela-Nimphie | TITLE: | GOA |
| RESPONDENT SIGNATURE: |  | DATE: | 2/22/23 |
| REVIEWER NAME: | Steve Zubek | TITLE: | Facilities Manager |
| REVIEWER SIGNATURE: |  | DATE: | 2/22/23 |

Distribution: Original - Step I Grievance Coordinator Copies - 3 To Grievant (1 Prisoner Copy; 1 for Step II filing; 1 for Step III filing)

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 #835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 931-2813 Institution SMT
 Prisoner Number 787762 Prisoner Name Harmer
 Type or Print Clearly
☐ Legal Postage ☐ Filing Fee \$ ☐ Certified Mail (Must Be a Court Ordered Requirement)
☐ New Case ☐ Case Number

Pay To PRF

Mailing Address TCF Grievance Coordinator Request 4 2301-033-09E
3225 John Conley Dr. 2302-147-283
Lapeer, MI, 48446

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 3/02/23 10850
 Received by PC Addison Staff Signature PC Addison
 Type or Print Name & Title
 Date & Time Received by Authorizing Staff 3/2/23 10850

Authorization Denied

- ☐ Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
☐ Not hand delivered to authorizing staff member ☐ New case or case number not on form
☐ Does not include court order for handling as certified mail ☐ Other (explain)
☐ Prisoner refused to sign & date in staff member's presence

Denied by

Type or Print Name & Title

Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by R. Miller GA Signature R. Miller
 Type or Print Name & Title
 Postage Amount \$.60 Date Placed in Outgoing Mail 3-3-23

Only Business Office Staff are to Write in the Section Below

Postage \$ 0.60 Total Obligation \$ 0.60 ☐ Court Filing Fee Denied Due to NSF
 Filing Fee \$ 0.00 Check # 0000000000
 Date Copy Sent to Prisoner 3-3-23

Processed by

Type or Print Name & Title R. MillerSignature R. MillerDISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09
CSJ-247B**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**Date Received by Grievance Coordinator
at Step II: _____Grievance Identifier: MF123111-331-091**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
by 3/14/23. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

| Name (Print first, last) | Number | Institution | Lock Number | Date of Incident | Today's Date |
|--------------------------|--------|-------------|-------------|------------------|--------------|
| | | | | | |

STEP II — Reason for Appeal**STEP II — Response**Date Received by
Step II Respondent:

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to
Grievant:**STEP III — Reason for Appeal****NOTE:** Only a copy of this appeal and the response will be returned to you.**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 9B1028B Institution SMTPrisoner Number 787762 Prisoner Name Flamer
Type or Print Clearly☐ Legal Postage ☐ Filing Fee \$ ☐ Certified Mail (Must Be a Court Ordered Requirement)☐ New Case ☐ Case Number

Pay To

Mailing Address Grievance Coordinator
3225 John Conley Dr
Leper MT 48446

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 3/14/23 1 1150Received by [Signature] Staff Signature [Signature]
Type or Print Name & TitleDate & Time Received by Authorizing Staff 1150 1 3/14/2023

Authorization Denied

- ☐ Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- ☐ Not hand delivered to authorizing staff member ☐ New case or case number not on form
- ☐ Does not include court order for handling as certified mail ☐ Other (explain)
- ☐ Prisoner refused to sign & date in staff member's presence

Denied by

Type or Print Name & Title

Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]
Type or Print Name & TitlePostage Amount \$.60 Date Placed in Outgoing Mail 3/15/2023

Only Business Office Staff are to Write in the Section Below

Postage \$ 0.60 Total Obligation \$ 0.60 ☐ Court Filing Fee Denied Due to NSFFiling Fee \$ 0.00 Check # 0000000000Date Copy Sent to Prisoner 3-12-23

Processed by

Type or Print Name & Title Kadler, ASignature [Signature]DISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

"COMMITTED TO PROTECT, DEDICATED TO SUCCESS"

MEMORANDUM

Date: 3/21/2023
To: #787762 Hamer (SMT)
From: N. Kurish, A/Grievance Coordinator
Thumb Correctional Facility (TCF)
Subject: Rejected Step II Grievance #TCF-23-01-33-09E

RECEIVED
MAR 22 2023
GRIEVANCE OFFICE

Your Step II grievance Appeal request is being rejected in accordance with PD 03.02.130. the policy states: A grievant may file a Step II if s/he is dissatisfied with the response received at Step I or if s/he did not receive a timely response. To file a Step II grievance, the grievant must request a Prisoner/ Parolee Grievance Appeal (CSJ-247B) from the Grievance coordinator and send the completed form to the Step II Grievance Coordinator designated for the facility, field office, or other office being grieved within ten business days after receiving the Step I response...the grievant is to send the grievance to the Step II Grievance Coordinator for processing. Page 5 of 7 Para. BB.

Your response was returned to you on 2/23/2023. Your request was returned to you on 3/7/2023 and was due in this office by 3/9/2023. I did not receive your appeal until 3/21/2023 which makes it untimely. You may proceed to Step III using this memo as your Step II response. Also, you did not include a copy of the Step I grievance and the Step I grievance response with your Step II grievance.

Reviewed By:

Warden F. Artis

F. Artis, Warden

Date:

3/22/2023

cc: File

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL – PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 931.28B Institution SMTPrisoner Number 787762 Prisoner Name Hammer
Type or Print Clearly☐ Legal Postage ☐ Filing Fee \$ ☐ Certified Mail (Must Be a Court Ordered Requirement)☐ New Case ☐ Case Number 2023-11-14

Pay To

Mailing Address Grievance Office TCF23013309EP.O. Box 30003Leaning MT 48909

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 3/28/23 1Received by PC Addison Staff Signature PC Addison
Type or Print Name & TitleDate & Time Received by Authorizing Staff 3/28/23 11:41

Authorization Denied

- ☐ Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- ☐ Not hand delivered to authorizing staff member ☐ New case or case number not on form
- ☐ Does not include court order for handling as certified mail ☐ Other (explain)
- ☐ Prisoner refused to sign & date in staff member's presence

Denied by

Type or Print Name & Title

Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by Fisher Signature [Signature]
Type or Print Name & TitlePostage Amount \$1.50 Date Placed in Outgoing Mail 3-29-23

Only Business Office Staff are to Write in the Section Below

Postage \$ 1.50 Total Obligation \$1.50 ☐ Court Filing Fee Denied Due to NSFFiling Fee \$ 0.00 Check # 0000000000Date Copy Sent to Prisoner 3-29-23Processed by Redick + Tech Signature [Signature]
Type or Print Name & TitleDISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94
CSJ-247ADate Received at Step I **FEB 09 2023**

Grievance Identifier:

TTCFB23024-1211-DTA**GRIEVANCE OFFICE**
Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

| Name (print first, last) | Number | Institution | Lock Number | Date of Incident | Today's Date |
|--------------------------|--------|-------------|-------------|------------------|--------------|
| Shadney Hamer | 787762 | TCE | FB-92 | 2/8/23 | 2/8/23 |

What attempt did you make to resolve this issue prior to writing this grievance? On what date? **2/8/23**If none, explain why. **C.O. Keller spoke to RN Markey and Brown escorted RN Markey to my cell.**State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.
Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

On 2/8/23 at 11:47 or around 11:47 at camera TCF2620, RN Markey approached FB-92 and stated after looking at Mr. Hamer's new detail written by W.P. Massey I don't anything about that your not allergic to anything so write a grievance or whatever your going to do. In front of C/O Brown. Mr. Hamer stated I haven't eaten and they're not gonna feed me because you told them not to send me a substitution tray with soy and no beans.

I ask that she is immediately fired.

Grievant's Signature

RESPONSE (Grievant Interviewed? ☐ Yes ☐ No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature

Date

Reviewer's Signature

Date

Respondent's Name (Print)

Working Title

Reviewer's Name (Print)

Working Title

Date Returned to
Grievant:If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09

CSJ-247B

PRISONER/PAROLEE GRIEVANCE APPEAL FORMDate Received by Grievance Coordinator
at Step II: _____

Grievance Identifier:

TRF 2302-1141-1201

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
_____ by 5/2/23. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

| Name (Print first, last) | Number | Institution | Lock Number | Date of Incident | Today's Date |
|--------------------------|--------|-------------|-------------|------------------|--------------|
| | | | | | |

STEP II — Reason for Appeal**STEP II — Response**Date Received by
Step II Respondent:

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to
Grievant:**STEP III — Reason for Appeal****NOTE:** Only a copy of this appeal and the response will be returned to you.**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

Honor

JSS

2111
7-10-23

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 981-28B Institution DMTPrisoner Number 787762 Prisoner Name Homer
Type or Print Clearly☐ Legal Postage ☐ Filing Fee \$ ☐ Certified Mail (Must Be a Court Ordered Requirement)☐ New Case ☐ Case Number

Pay To

Mailing Address Grivance Coordinator step 1 appeal
3225 John Conley Dr.
Lapeer MI. 48846
TCF2302 - MI - 28A

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 3/8/23 1:470Received by PC Addison Staff Signature PC Addison
Type or Print Name & TitleDate & Time Received by Authorizing Staff 3/9/23 11:432

Authorization Denied

- ☐
- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
-
- ☐
- Not hand delivered to authorizing staff member
- ☐
- New case or case number not on form
-
- ☐
- Does not include court order for handling as certified mail
- ☐
- Other (explain)
-
- ☐
- Prisoner refused to sign & date in staff member's presence

Denied by _____ Signature _____
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Runkle Signature Runkle
Type or Print Name & TitlePostage Amount \$1.50 Date Placed in Outgoing Mail 3-10-23

Only Business Office Staff are to Write in the Section Below

Postage \$ _____ Total Obligation \$ 1.50 ☐ Court Filing Fee Denied Due to NSF

Filing Fee \$ _____ Check # _____

Date Copy Sent to Prisoner 3-10-23Processed by Runkle, A Signature Runkle
Type or Print Name & TitleDISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

"COMMITTED TO PROTECT, DEDICATED TO SUCCESS"

MEMORANDUM

Date: March 15, 2023
To: #787762 Hamer (Lock: SMT)
From: R. Buhl, Grievance Coordinator
Thumb Correctional Facility (TCF)
Subject: Rejected Step II Grievance #TCF-23-02-121-28-A

RECEIVED
MAR 16 2023
GRIEVANCE OFFICE

The above referenced Step II grievance is returned to you, rejected as untimely in accordance with PD 03.02.130. The Step I grievance response was returned to you on 2/10/23 and your request for step II was received on 2/15/23. This step II was due to the TCF grievance office by 3/2/23 and was not received until 3/15/23. Therefore, your step II is considered rejected as untimely filed. You may proceed to step III using this memo as your response at step II.

Reviewed By:

F. Atris, Warden

Date:

3/15/2023

cc: File

| | | |
|---|--|---|
| MICHIGAN DEPARTMENT OF CORRECTIONS | | CSJ-318 |
| DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL – PRISONER) | | REV. 11/15 4835-3318 |
| Please PRINT clearly, illegible and/or incomplete forms will not be processed. | | |
| Lock <u>9B1-28</u> | Institution <u>JM T</u> | |
| Prisoner Number <u>787762</u> | Prisoner Name Type or Print Clearly <u>Hamer</u> | |
| <input type="checkbox"/> Legal Postage | <input type="checkbox"/> Filing Fee \$ _____ | <input type="checkbox"/> Certified Mail (Must Be a Court Ordered Requirement) |
| <input type="checkbox"/> New Case | <input type="checkbox"/> Case Number _____ | |
| Pay To _____ | | |
| Mailing Address | <u>Grievance Office</u> <u>TCM 230212128A</u> | |
| | <u>P.O. Box 30003</u> | |
| | <u>Lansing MI 48909</u> | |
| The Following Section Must Be Completed In Authorizing Staff Member's Presence | | |
| Prisoner Signature <u>[Signature]</u> | Date & Time Submitted <u>3/23/23 10:29</u> | |
| Received by Type or Print Name & Title <u>PC Addison</u> | Staff Signature <u>PC [Signature]</u> | |
| Date & Time Received by Authorizing Staff | <u>3/23/23 1029</u> | |
| Authorization Denied | | |
| <input type="checkbox"/> Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118 | | |
| <input type="checkbox"/> Not hand delivered to authorizing staff member | <input type="checkbox"/> New case or case number not on form | |
| <input type="checkbox"/> Does not include court order for handling as certified mail | <input type="checkbox"/> Other (explain) _____ | |
| <input type="checkbox"/> Prisoner refused to sign & date in staff member's presence | | |
| Denied by Type or Print Name & Title _____ | Signature _____ | |
| Section Below to be Completed by Mail Room Staff | | |
| Placed in Mail by Type or Print Name & Title <u>Rumler G.A.</u> | Signature <u>Rumler</u> | |
| Postage Amount <u>\$.84</u> | Date Placed in Outgoing Mail <u>3-24-23</u> | |
| Only Business Office Staff are to Write in the Section Below | | |
| Postage \$ _____ | Total Obligation \$ <u>0.84</u> | <input type="checkbox"/> Court Filing Fee Denied Due to NSF |
| Filing Fee \$ _____ | Check # _____ | |
| Date Copy Sent to Prisoner | | <u>3-24-23</u> |
| Processed by Type or Print Name & Title <u>Radtke, A</u> | Signature <u>[Signature]</u> | |

28-8-9



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

**DEPARTMENT OF CORRECTIONS
LANSING**

HEIDI E. WASHINGTON
DIRECTOR

STEP III GRIEVANCE DECISION

Rec #: 142287

28A

To Prisoner: Hamer #: 787762
Current Facility: SMT
Grievance Identifier: TCF-23-02-0121-28A
Step III Received: 3/27/2023

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

APR 11 2023

A handwritten signature in black ink, appearing to read "Richard D. Russell".

**Richard D. Russell, Manager Grievance
Section, Office of Legal Affairs**

CC: Warden, Current Facility:
Warden, Grievance Facility: TCF

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL – PRISONER)

REV. 11/15 #835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 981.28B Institution SMTPrisoner Number 787762

Prisoner Name

Type or Print Clearly Hamer☒ Legal Postage☐ Filing Fee

\$

☐ Certified Mail (Must Be a Court Ordered Requirement)☐ New Case☒ Case Number

Pay To

Mailing Address

Grievance Coordinatorstop / appeal request
TCF 2302-112-09103225 John Corley Dr.LADDER MI 48442

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature

Date & Time Submitted

2/23/23 1:00 PM

Received by

Type or Print Name & Title

PR Addison

Staff Signature

PR 281

Date & Time Received by Authorizing Staff

2/24/23/0924

Authorization Denied

☐ Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118☐ Not hand delivered to authorizing staff member☐ New case or case number not on form☐ Does not include court order for handling as certified mail☐ Other (explain)☐ Prisoner refused to sign & date in staff member's presence

Denied by

Type or Print Name & Title

Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by

Type or Print Name & Title

L. 456 GOA

Signature

L. 456

Postage Amount

\$.60

Date Placed in Outgoing Mail

2/27/2023

Only Business Office Staff are to Write in the Section Below

Postage

\$

Total

Obligation

\$ 0.60☐ Court Filing Fee Denied Due to NSF

Filing Fee

\$

Check #

Date Copy Sent to Prisoner

2-27-23

Processed by

Type or Print Name & Title

Radice, T. T. C. L.

Signature

P. 2. 11DISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 901.08B Institution SM TPrisoner Number 787762

Prisoner Name

Type or Print Clearly Hunter☐ Legal Postage☐ Filing Fee

\$

☐

Certified Mail (Must Be a Court Ordered Requirement)

☐ New Case☐ Case Number

Pay To

Mailing Address

Grace Coordinator State Appeal
3225 John Corley Dr
Lapeer MI 49446

TCF2302-112-09D

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature

Date & Time Submitted

3/8/23 1:430

Received by

Type or Print Name & Title

PC Addison

Staff Signature

PC add

Date & Time Received by Authorizing Staff

3/9/23 1 1430

Authorization Denied

☐ Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118☐ Not hand delivered to authorizing staff member☐ New case or case number not on form☐ Does not include court order for handling as certified mail☐ Other (explain)☐ Prisoner refused to sign & date in staff member's presence

Denied by

Type or Print Name & Title

Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by

Type or Print Name & Title

Rumler GOA

Signature

Rumler

Postage Amount

\$1.50

Date Placed in Outgoing Mail

3-10-23

Only Business Office Staff are to Write in the Section Below

Postage

\$

Total

Obligation

\$1.50☐ Court Filing Fee Denied Due to NSF

Filing Fee

\$

Check #

Date Copy Sent to Prisoner

3-10-23

Processed by

Type or Print Name & Title

Radick, A. T. C. C.

Signature

A. T. C. C.DISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL – PRISONER)

REV. 11/15 #835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 981-288 Institution MTPrisoner Number 787762 Prisoner Name Homer
Type or Print Clearly☐ Legal Postage ☐ Filing Fee \$ ☐ Certified Mail (Must Be a Court Ordered Requirement)☐ New Case ☐ Case Number

Pay To

Mailing Address

Grievance Office TCF Z30211209D
P.O. Box 30003
Lansing MI 48909

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 3/23/23 10:27Received by PC Addison Staff Signature PC Addison
Type or Print Name & TitleDate & Time Received by Authorizing Staff 3/23/23 1028

Authorization Denied

- ☐
- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
-
- ☐
- Not hand delivered to authorizing staff member
- ☐
- New case or case number not on form
-
- ☐
- Does not include court order for handling as certified mail
- ☐
- Other (explain)
-
- ☐
- Prisoner refused to sign & date in staff member's presence

Denied by

Type or Print Name & Title Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by Rumler GOA Signature Rumler
Type or Print Name & TitlePostage Amount \$.84 Date Placed in Outgoing Mail 3-24-23

Only Business Office Staff are to Write in the Section Below

Postage \$ Total Obligation \$ 0.84 ☐ Court Filing Fee Denied Due to NSF

Filing Fee \$ Check #

Date Copy Sent to Prisoner 3-24-23Processed by Rodriguez Signature [Signature]
Type or Print Name & TitleDISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

28-B-9



GRETCHEN WHITMER
GOVERNOR

**STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING**

HEIDI E. WASHINGTON
DIRECTOR

STEP III GRIEVANCE DECISION

Rec #: 142302
09D

To Prisoner: Hamer #: 787762
Current Facility: SMT
Grievance Identifier: TCF-23-02-0112-09D
Step III Received: 3/27/2023

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances". Upon examination it has been determined that your issue was in fact considered, investigated, and a proper decision was rendered.

THE STEP III APPEAL IS DENIED.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

A handwritten signature in black ink, appearing to read "R. Russell".

**Richard D. Russell, Manager Grievance
Section, Office of Legal Affairs**

Date Mailed:

APR 1 1 2023

cc: Warden, Filing Facility TCF

Michigan Department of Corrections

"COMMITTED TO PROTECT, DEDICATED TO SUCCESS"

Memorandum

Date: February 9, 2023

To: As Assigned / S Zubek

From: R. Buhl, Grievance Coordinator Thumb Correctional Facility

Subject: Attached Grievance Filed by Prisoner: #787762 Hamer

Lock: FB-92

Grievance Identifier: TCF 23-02-119-17-B
Per revised PD-03.02.130

After reviewing the attached Step I grievance, I have decided that you are the most appropriate staff member to investigate the issue.

The completed grievance should be returned to this office by **3/2/2023**. If you are going to require additional time beyond the due date to complete this investigation and response, you must request an extension. That request can be made via e-mail to the Grievance Coordinator. Thank you in advance for your timely response.

STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

| Prisoner Last Name: | Prisoner #: | Lock/Location: | Grievance #: |
|---------------------|-------------|----------------|-------------------|
| Hamer | 787762 | / | TCF-23-02-119-17B |

| | | | | |
|-----------------------|------------------------------|--|--------------------------|------------------------------|
| Prisoner Interviewed: | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | If "NO" Reason: | Prisoner at another Facility |
| Extension Granted: | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | If "YES" Enter End Date: | |

COMPLAINT SUMMARY:

Grievant complaint regarding Therapeutic Meal Trays brought to unit were not complying with his diet.

INVESTIGATION SUMMARY:

Inmate moved to SMT on 02/16/23. I spoke with Food Service Director and Health Care. Health Care stated that grievant was to no long have meals in and was to self select in chow hall.

RECEIVED

FEB 17 2023

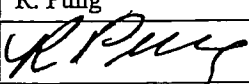
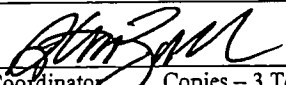
GRIEVANCE OFFICE

APPLICABLE POLICY, PROCEDURE, ETC:

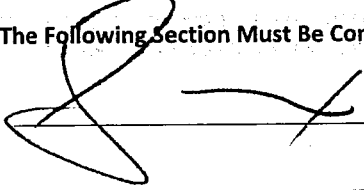
Policy Therapeutic Diet Services 04.07.101, paragraph J.

DECISION SUMMARY:

The Food Service staff and Health Care followed all policy. This grievance is denied at step 1.

| | | | |
|-----------------------|---|--------|--------------------|
| RESPONDENT NAME: | R. Pung | TITLE: | Account Tech |
| RESPONDENT SIGNATURE: |  | DATE: | 2/16/23 |
| REVIEWER NAME: | Steve Zubek | TITLE: | Facilities Manager |
| REVIEWER SIGNATURE: |  | DATE: | 2/16/23 |

Distribution: Original - Step I Grievance Coordinator Copies - 3 To Grievant (1 Prisoner Copy; 1 for Step II filing; 1 for Step III filing)

| | | |
|---|---|---|
| MICHIGAN DEPARTMENT OF CORRECTIONS | | CSJ-318 |
| DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL – PRISONER) | | REV. 11/15 4835-3318 |
| Please PRINT clearly, illegible and/or incomplete forms will not be processed. | | |
| Lock <u>981-288</u> | Institution <u>SMT</u> | |
| Prisoner Number <u>787762</u> | Prisoner Name Type or Print Clearly <u>Home</u> | |
| <input type="checkbox"/> Legal Postage | <input type="checkbox"/> Filing Fee \$ _____ | <input type="checkbox"/> Certified Mail (Must Be a Court Ordered Requirement) |
| <input type="checkbox"/> New Case | <input type="checkbox"/> Case Number _____ | |
| Pay To _____ | | |
| Mailing Address | <u>Grievance Coordinator</u> <u>step 1 appeal request</u> <u>TCF 2302-119-173</u> <u>3225 John Conley Dr.</u> <u>Ann Arbor, MI, 48106</u> | |
| The Following Section Must Be Completed In Authorizing Staff Member's Presence | | |
| Prisoner Signature |  | Date & Time Submitted <u>2/23/23</u> |
| Received by | | Staff Signature _____ |
| Type or Print Name & Title | | |
| Date & Time Received by Authorizing Staff | / | |
| Authorization Denied | | |
| <input type="checkbox"/> Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118 | | |
| <input type="checkbox"/> Not hand delivered to authorizing staff member | <input type="checkbox"/> New case or case number not on form | |
| <input type="checkbox"/> Does not include court order for handling as certified mail | <input type="checkbox"/> Other (explain) _____ | |
| <input type="checkbox"/> Prisoner refused to sign & date in staff member's presence | | |
| Denied by | Signature _____ | |
| Type or Print Name & Title | | |
| Section Below to be Completed by Mail Room Staff | | |
| Placed in Mail by | <u>Wise Lisa</u> | Signature <u>[Signature]</u> |
| Type or Print Name & Title | | |
| Postage Amount <u>\$.60</u> | Date Placed in Outgoing Mail <u>2/27/2023</u> | |
| Only Business Office Staff are to Write in the Section Below | | |
| Postage \$ _____ | Total Obligation \$ <u>0.60</u> | <input type="checkbox"/> Court Filing Fee Denied Due to NSF |
| Filing Fee \$ _____ | Check # _____ | |
| Date Copy Sent to Prisoner <u>2-27-23</u> | | |
| Processed by | Signature <u>[Signature]</u> | |
| Type or Print Name & Title <u>Rebecca A. Teal</u> | | |

DISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
 CSJ-247B

Date Received by Grievance Coordinator
 at Step II: _____

Grievance Identifier: 1 2 3 4 5 6 7 8 9 10 11 12

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
 by 5-2-23. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

| Name (Print first, last) | Number | Institution | Lock Number | Date of Incident | Today's Date |
|--------------------------|--------|-------------|-------------|------------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |

STEP II — Reason for Appeal

STEP II — Response

Date Received by
 Step II Respondent:

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to
 Grievant:

STEP III — Reason for Appeal

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White — Process to Step III; Green, Canary, Pink — Process to Step II; Goldenrod — Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 9B1-28B Institution SMTPrisoner Number 787762 Prisoner Name Hamer
Type or Print Clearly☐ Legal Postage ☐ Filing Fee \$ ☐ Certified Mail (Must Be a Court Ordered Requirement)☐ New Case ☐ Case Number

Pay To

Mailing Address Grievance Coordinator Step 1 appeal
TCF-2302-119-173
3225 John Conley Dr.
Lapeer MI 48446

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 3/8/23 1 1430Received by PC Addison Staff Signature PC add
Type or Print Name & TitleDate & Time Received by Authorizing Staff 3/9/23 1 1433

Authorization Denied

- ☐ Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- ☐ Not hand delivered to authorizing staff member ☐ New case or case number not on form
- ☐ Does not include court order for handling as certified mail ☐ Other (explain)
- ☐ Prisoner refused to sign & date in staff member's presence

Denied by

Type or Print Name & Title Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by Runkle GOA Signature Runkle
Type or Print Name & TitlePostage Amount \$1.50 Date Placed in Outgoing Mail 3-10-23

Only Business Office Staff are to Write in the Section Below

Postage \$ Total
Obligation \$1.50 ☐ Court Filing Fee Denied Due to NSF

Filing Fee \$ Check #

Date Copy Sent to Prisoner 3-10-23Processed by Radulke, A. Teal Signature [Signature]
Type or Print Name & TitleDISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

"COMMITTED TO PROTECT, DEDICATED TO SUCCESS"

MEMORANDUM

Date: March 15, 2023

To: #787762 Hamer

(Lock: SMT)

RECEIVED

From: R. Buhl, Grievance Coordinator
Thumb Correctional Facility (TCF)

MAR 16 2023

GRIEVANCE OFFICE

Subject: Rejected Step II Grievance #TCF-23-02-119-17-B

The above referenced Step II grievance is returned to you, rejected as untimely in accordance with PD 03.02.130. The Step I grievance response was returned to you on 2/17/23 and your request for step II was received on 3/2/23. This step II was due to the TCF grievance office by 3/6/23 and was not received until 3/15/23. Therefore, your step II is considered rejected as untimely filed. You may proceed to step III using this memo as your response at step II.

Reviewed By:

Warden F. Atris

Date:

3/15/2023

F. Atris, Warden

cc: File

| | | |
|---|---|---|
| MICHIGAN DEPARTMENT OF CORRECTIONS | | CSJ-318 |
| DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL – PRISONER) | | REV. 11/15 4835-3318 |
| Please PRINT clearly, illegible and/or incomplete forms will not be processed. | | |
| Lock <u>9B1-28B</u> | Institution <u>SMT</u> | |
| Prisoner Number <u>787762</u> | Prisoner Name Type or Print Clearly <u>Homer</u> | |
| <input type="checkbox"/> Legal Postage | <input type="checkbox"/> Filing Fee \$ _____ | <input type="checkbox"/> Certified Mail (Must Be a Court Ordered Requirement) |
| <input type="checkbox"/> New Case | <input type="checkbox"/> Case Number _____ | |
| Pay To _____ | | |
| Mailing Address | <u>Coverance Office TCF 2302 11917B</u> <u>P.O. Box 30003</u> <u>Lansing MI 48909</u> | |
| The Following Section Must Be Completed In Authorizing Staff Member's Presence | | |
| Prisoner Signature <u>[Signature]</u> | Date & Time Submitted <u>3/23/23 1</u> | |
| Received by Type or Print Name & Title <u>PC Addison</u> | Staff Signature <u>PC [Signature]</u> | |
| Date & Time Received by Authorizing Staff | <u>3/23/23 1</u> | <u>1028</u> |
| Authorization Denied | | |
| <input type="checkbox"/> Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118 | | |
| <input type="checkbox"/> Not hand delivered to authorizing staff member | <input type="checkbox"/> New case or case number not on form | |
| <input type="checkbox"/> Does not include court order for handling as certified mail | <input type="checkbox"/> Other (explain) _____ | |
| <input type="checkbox"/> Prisoner refused to sign & date in staff member's presence | _____ | |
| Denied by Type or Print Name & Title _____ | Signature _____ | |
| Section Below to be Completed by Mail Room Staff | | |
| Placed in Mail by Type or Print Name & Title <u>Runkel G0A</u> | Signature <u>Runkel</u> | |
| Postage Amount <u>\$.84</u> | Date Placed in Outgoing Mail <u>3-24-23</u> | |
| Only Business Office Staff are to Write in the Section Below | | |
| Postage \$ _____ | Total Obligation <u>\$ 0.84</u> | <input type="checkbox"/> Court Filing Fee Denied Due to NSF |
| Filing Fee \$ _____ | Check # _____ | |
| Date Copy Sent to Prisoner <u>3-24-23</u> | | |
| Processed by Type or Print Name & Title <u>Radtke, A. Teal</u> | Signature <u>A Radtke</u> | |

DISTRIBUTION: ☐ Prisoner Accounting ☐ Prisoner ☐ Counselor's File ☐ Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

4835-4248 5/09
CSJ-247B**PRISONER/PAROLEE GRIEVANCE APPEAL FORM****RECEIVED**Date Received by Grievance Coordinator
at Step II: MAR 15 2023

Grievance Identifier:

TCLF 3021-119-17B**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.**RECEIVED**
MAR 27 2023If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to:
Grievance Office by 3-6-23 If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

| Name (Print first, last) | Number | Institution | Lock Number | Date of Incident | Today's Date |
|--------------------------|---------------|-------------|----------------|------------------|---------------|
| <u>Shadney Hammer</u> | <u>787762</u> | <u>SMT</u> | <u>9B1-28B</u> | <u>2/5/23</u> | <u>3/8/23</u> |

STEP II — Reason for Appeal My details states in comments that I was to receive meals-in for food allergy. Food Director Ortega is intentionally & willfully retaliating against me for writing a grievance on the kitchen staff for tampering with my food. 03.02.130 (CL) and 03.04.100 (FF)(5)
See Attached detail from medical

STEP II — ResponseDate Received by
Step II Respondent:Warden F. Artis

Respondent's Name (Print)

Warden F. Artis

Respondent's Signature

3/15/2023

Date

Date Returned to
Grievant:3/16/23

STEP III — Reason for Appeal According to P.D. 03.02.130 (5)(5) I received my step 2 appeal on 3/7/23 and timely turned them back in the next day (See Attached Expedited Legal Mail Form.)

NOTE: Only a copy of this appeal and the response will be returned to you.**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White — Process to Step III; Green, Canary, Pink — Process to Step II; Goldenrod — Grievant

State of Michigan County of Jackson
 Shadney Hamer Affidavit

The plaintiff has been told that his recommended inmates calorie intake is somewhere between 2,500 - 3,000, per day, no matter if it's one meal or three meals divided throughout the day. The plaintiff asserts that due to his medical condition written by Prison Doctor/Mr. Massey, he is unable to eat foods such as Slurpee, pasta salads, salad dressings, mustard, ketchup, pickles, etc. Due to his severe allergies to vinegar (Acetic Acid) the plaintiff is at even more of certain foods or have certain trays due to mustard, ketchup, barbecue sauce being slathered on it. Swallowing certain foods cause him to watering of the eyes, hives, or throat swelling.

The plaintiff lost 9 pounds in one month due to food deprivation and malnutrition. 9 pounds in a month is a substantial amount of weight to lose in an unhealthy fashion. Along with weight loss the plaintiff also asserts that he had severe multiple headaches and migraines due to the deprivation. The plaintiff states that he did seek out over the counter meds from Walgreens, but due to their new rule being that meds have to be purchased from a commissary (store) medical will not give or prescribe those medications stated above.

SHILOH SIGMANN LYONS
 NOTARY PUBLIC, STATE OF MI
 COUNTY OF LENAEE
 MY COMMISSION EXPIRES JUL 26, 2027
 ACTING IN COUNTY OF

The plaintiff would also like to state that he is a transgender prisoner who lacks the financials to purchase Tylenol or Ibuprofen.

Along with headaches and migraines, considerable weight loss, hunger pangs, the plaintiff suffered an extreme dip in energy. He was no longer able to exercise on a stationary bike for cardio without getting dizzy. The plaintiff also lacked focus, loss of memory, and was unable to comfortably sleep most nights due to the hunger pangs.

After the plaintiff transferred, the plaintiff's energy and well-being rebounded. The plaintiff also has not suffered from a migraine or headache since TCE.

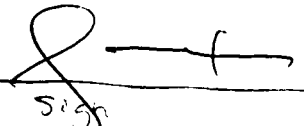
The plaintiff feels that MDOC employees do not care about policy or procedure due to the employees receiving no punishment. There has to be a change to change their cracked ways. Blatant retaliation has never been this see through and observable, yet they (MDOC's employees) do it every day. As RW Pluckey stated "we have good lawyers," And Robert C. again stating "so he can file a grievance for all he cares."

Pursuant to 28 U.S.C. 1746 under
penalty of perjury the plaintiff verify,
certify, and declare all to be true and
correct to the plaintiff's knowledge.

SHILOH SIGMANN LYONS
NOTARY PUBLIC, STATE OF MI
COUNTY OF LENAWEE
MY COMMISSION EXPIRES Jul 28, 2025
ACTING IN COUNTY OF Jackson

Notary

Shadrach Hamer

 5/11/23
sign date

1780 E. Parnall Rd.
Jackson MI 49201

Shadney Hamer
787762
(SMT)

Pennell Correctional Facility
1780 E. Pennell RD
Jackson MI, 49201

U.S. MARSHALS

United States District Court

Clerks Office

231 Lafayette St. Bldg.

Detroit, MI 48226

New Case

RECEIVED
MAY 11 2023

CLERK'S OFFICE
U.S. DISTRICT COURT

